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RECREATION BOARD

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IDAHO DEPARTMENT OF
PARKS AND RECREATION

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street address

5657 Warm Springs Avenue

www.parksandrecreation.idaho.gov

In connection with my application for employment in a position which involves care, custody and control of children.

I hereby authorize the Idaho Department of Parks and Recreation to review my past and present employment, education, and conduct a criminal background check to ascertain any and all information, which may be pertinent to my employment qualifications. I do hereby release all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information.

Prospective Employee Signature

____/____/_____
Date (mm/dd/yyyy)

Agency Authorized Representative Signature

____/____/_____
Date (mm/dd/yyyy)

A Social Security Number and a birth date and a drivers license with the state the license was issued in, is needed to complete the background check.

____-____-_____
Social Security Number

____/____/_____
Date of Birth (mm/dd/yyyy)

Driver's License Number

State

This search will check the following files: Idaho Criminal History, Idaho Statewide Warrant and Federal Want and Warrant files.

Name checks are based only on the information you submit. Please include your full name. Include maiden names and any former last names. Do not use initials.

Full Name (Please Print)

Maiden Name

Former Last Names _____

IDAHO STATE PARKS AND RECREATION OFF-HIGHWAY VEHICLE EDUCATION INSTRUCTOR INFORMATION SHEET

Instructions: Please print or type and complete all entries. Return this application to:
Idaho Department of Parks and Recreation, OHV Education
5657 Warm Springs Ave. Boise, ID 83716

Name: _____
Last First Middle

Address: _____

Social Security Number: _____ - _____ - _____ Date Of Birth: _____ / _____ / _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ E-Mail Address: _____

Occupation: _____

Business Address: _____

Do you have a valid motor vehicle operator's license? _____ What state? _____

License Number: _____

Have you been convicted for driving under the influence of alcohol or drugs in the previous five (5) years? _____

Do you have any physical conditions that may limit your performance as an instructor? _____

If yes, please describe: _____

Are you currently associated with any off-highway vehicle organization(s) or group(s)? _____

If yes, what group(s)? _____

Do you have specialized training in motorized riding, such as Motorcycle Safety Foundation Instructor Preparation course, SVIA, ASI, ISMA, etc.? _____ If yes, please specify what type and when:

Do you have any teaching experience? (Example: Boy/Girl Scout Leader, 4-H, YMCA, etc.) _____

If yes, please specify what type and when: _____

Are you currently certified to teach? Please circle. ATV OHM SNO

Are you interested in teaching other department sponsored courses? _____ Please circle the type(s) you are interested in teaching: ATV OHM SNO

If you have a friend that would like to team-teach with you please provide their name, address, and phone number:

Do you have any special skills that would be an advantage as a volunteer instructor? _____

Are you available for instructor training on a yearly basis? _____

How often can you teach a class? (Example – once a month, twice a month, once every other month, only on certain days, certain seasons of the year) Please be specific: _____

At which communities are you willing to teach? _____

Do you own any recreational vehicles? _____ If yes, what make(s) and model(s)? _____

Do you currently ride your machine? _____ How often do you ride? _____

How long have you been riding? ATV's _____ Snowmobiles _____
Off-Highway Motorcycle's _____

Please Note: ATV is a 3 or 4-Wheeler, OHM is a Off-Highway Motorcycle, SNO is for Snowmobile.

Signature _____ Date _____